

MARGIN RESERVED FOR INDEXING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|---|--|--|---|
| 1. County of <u>Daly</u> | BUREAU OF VITAL STATISTICS | | State Index No. <u>154</u> |
| District of <u> </u> | ORIGINAL CERTIFICATE OF BIRTH | | County Registrar No. <u>657</u> |
| Town of <u>Miami</u> | No. <u>630 Mex. Canyon</u> | | Local Registrar No. <u> </u> |
| or <u>Miami Ariz.</u> | If birth occurred in a hospital or institution, give its NAME instead of street and number | | St. <u> </u> Ward <u> </u> |
| City of <u>Pedro Soto</u> | If child is not yet named, make supplemental report, as directed. | | |
| 2. Full name of child <u>Pedro Soto</u> | 3. Sex of Child <u>Male</u> | 4. Twin, triplet or other <u> </u> | 6. Legitimate? <u>yes</u> |
| | To be answered ONLY in event of plural births. | 5. No., in order of birth <u> </u> | 7. Date of birth <u>9-19-24</u> |
| | | | Month <u>9</u> day <u>19</u> year <u>24</u> |
| 8. FATHER | | 14. MOTHER | |
| Full name <u>Jesus Soto</u> | | Full maiden name <u>Francisca Lopez</u> | |
| 9. Residence (Usual place of abode) <u>630 Mex. Canyon</u> | | 15. Residence (Usual place of abode) <u>630 Mex Canyon</u> | |
| If nonresident, give place and state | | If nonresident, give place and state | |
| 10. Color or race <u>Mexican</u> | | 16. Color or race <u>Mexican</u> | |
| 11. Age at last birthday <u>24</u> (Years) | | 17. Age at last birthday <u>20</u> (Years) | |
| 12. Birthplace (city or place) <u>Sahatecas</u> | | 18. Birthplace (city or place) <u>Pahuitlan</u> | |
| (State or country) <u>Mexico</u> | | (State or country) <u>Sahatecas Mex.</u> | |
| 13. Occupation <u>Miner</u> | | 19. Occupation <u>House Wife</u> | |
| Nature of industry | | Nature of industry | |
| 20. Number of children of this mother | | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> | |
| (Taken as of time of birth of child herein certified and including this child.) | | | |
| (a) Born alive and now living <u>1</u> | | | |
| (b) Born alive but now dead <u> </u> | | | |
| (c) Stillborn <u> </u> | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| I hereby certify that I attended the birth of this child, who was <u>Born alive</u> on the date above stated. | | | |
| (Born alive or stillborn.) | | | |
| Signature <u>Rosa Cortez</u> | | (Physician or midwife) | |
| Address <u>816 Sullivan St.</u> | | | |
| Given name added from a supplemental report <u> </u> | | | |
| Month, day, year. <u> </u> | | Filed <u>Aug 31</u> , 19 <u>24</u> | |
| Registrar. <u> </u> | | Filed <u>9-8</u> , 19 <u>24</u> | |
| | | County Registrar. <u> </u> | |

726-819-692